

#3 1-30-02
C.F.K.**Jenkins & Gilchrist**
A PROFESSIONAL CORPORATION225 WEST WASHINGTON
SUITE 2600
CHICAGO, ILLINOIS 60606(312) 425-3900
TELECOPIER (312) 425-3909

www.jenkins.com

FROM THE DESK OF:

Daniel J. Burnham
(636) 527-4906AUSTIN, TEXAS
DALLAS, TEXAS
HOUSTON, TEXAS
LOS ANGELES, CALIFORNIA
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WASHINGTON, D.C.

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U.S. Application No. 09/992,253, filed November 16, 2001

Attached is a copy of the Filing Receipt. There is an error with respect to the following data.

Error

Applicant's address

Correct Data

The address for Paul Christiaan van Hal is "H o o r n"

The above error has been circled on the Filing Receipt, and issuance of a Corrected Filing Receipt is requested.

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	RL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/992,253	11/16/2001	2643	1646	47161- 00018USPT	8	47	8

CONFIRMATION NO. 5362

FILING RECEIPT



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Daniel J. Burnham
Jenkins & Gilchrist
Suite 2600
255 West Washington Street
Chicago, IL 60606

Date Mailed: 12/06/2001

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Applicant(s)

Aart Zeger van Halteren, EG Hobrede, NETHERLANDS;
Paul Christiaan van Hal, T.J. Hoom, NETHERLANDS;*should be Hoorn*

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/252,756 11/22/2000

Foreign Applications

If Required, Foreign Filing License Granted 12/05/2001

Projected Publication Date: 05/23/2002

Non-Publication Request: No

Early Publication Request: No

Title

Acoustical receiver housing for hearing aids

Preliminary Class



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Bib Data Sheet

CONFIRMATION NO. 5362

SERIAL NUMBER 09/992,253	FILING DATE 11/16/2001 RULE	CLASS 381	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 47161-00018USPT	
APPLICANTS Aart Zeger van Hakeren, EG Hobrede, NETHERLANDS; Paul Christiaan van Hal, TJ Hoorn, NETHERLANDS;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/252,756 11/22/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/05/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 8	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 8
ADDRESS Daniel J. Burnham Jenkins & Gilchrist Suite 2600 255 West Washington Street Chicago, IL 60606					
TITLE Acoustical receiver housing for hearing aids					
FILING FEE RECEIVED 1646	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		